

Nonrefundable Filing Fee:  
Profit Corporation: \$25.00  
Nonprofit Corporation: \$10.00  
General Partnership: \$10.00  
LLP: \$25.00  
Limited Partnership: \$10.00  
LLLP: \$10.00  
LLC: \$25.00

STATE OF HAWAII  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**Business Registration Division**  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



**APPLICATION FOR REINSTATEMENT**

(Section 414-403, 415A-18, 414D-250, 425-14, 425-164, 425E-810, 428-811, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, submitting this application for reinstatement, certify as follows:

1. The entity is (check one):

- ☐ Profit Corporation (F/\$25/B15)    ☐ Nonprofit Corporation (F/\$10/B15)    ☐ General Partnership (F/\$10/B29)    ☐ Limited Liability Partnership (F/\$25/L34)
- ☐ Limited Partnership (F/\$10/B31)    ☐ Limited Liability Limited Partnership (F/\$10/B31)    ☐ Limited Liability Company (F/\$25/L14)

2. Name of business entity:

\_\_\_\_\_  
(Corporation, Partnership, LLC Name)

3. The business entity was involuntarily dissolved/canceled/revoked or administratively terminated/dissolved by Decree/Order issued by the Director of Commerce and Consumer Affairs on: \_\_\_\_\_  
(Month Day Year)

4. Attached are the delinquent annual statements/reports for the years: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

5. Attached is a Tax Clearance from the Department of Taxation, State of Hawaii.

6. By this filing, all delinquent fees, penalties and other costs have been paid.

7. Attached is payment for all filing fees, penalties and other costs in the amount of \$ \_\_\_\_\_.

8. For **limited partnerships** and **limited liability limited partnerships** only: The name stated in Line 2 above satisfies the requirements of Section 425E-108; and by this filing, the grounds for dissolution have been eliminated.

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements and that the same are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

SEE INSTRUCTIONS ON REVERSE SIDE

**Instructions:** Application must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original application together with the appropriate fee(s).

The reinstatement period is **within two years** after the involuntary dissolution/cancellation/revocation or administrative termination/dissolution of the entity. Only domestic entities may apply for reinstatement.

Execution:

For **corporations**, document must be signed by at least one officer of the corporation.

For **general partnerships** must be signed by at least one general partner.

For **limited liability partnerships**, must be signed and certified by at least one partner.

For **limited partnerships** must be signed by at least one general partner.

For **limited liability limited partnerships** must be signed by at least one general partner.

For **limited liability company**, must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

Line 1. Check the appropriate box.

Line 2. State the full name of the business entity.

Line 3. State the date of dissolution/cancellation/revocation/termination.

Line 4. State the years (month, day, year) that annual statements/reports are delinquent.  
All delinquent annual statements/reports must be filed with this application.

**Filing Fees:** ***Filing fees are not refundable.*** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

**Profit Corporation** (\$25)

**Nonprofit Corporation** (\$10)

**General Partnership** (\$10)

**Limited Liability Partnership** (\$25)

**Limited Partnership** (\$10)

**Limited Liability Limited Partnership** (\$10)

**Limited Liability Company** (\$25)

Dishonored Check (\$15 fee plus interest charge)

**NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.**